

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. <b>243214US0</b>
		First Inventor or Application Identifier <b>Toshio TSUJIMOTO, et al.</b>
Title	<b>REINFORCING PROCESS OF SILICA GLASS SUBSTANCE AND REINFORCED SILICA GLASS CRUCIBLE</b>	

U.S. PT. O.  
 10/6/03  
 22276  
 10/6/03  
 09/30/03

<b>APPLICATION ELEMENTS</b> <small>See MPEP chapter 600 concerning utility patent application contents</small>		ADDRESS TO: <b>Commissioner for Patents Mail Stop Patent Application Alexandria, Virginia 22313</b>
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) <small>(Submit an original and a duplicate for fee processing)</small>		<b>ACCOMPANYING APPLICATION PARTS</b>
2. <input checked="" type="checkbox"/> Specification      Total Sheets <b>21</b>		7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))
3. <input type="checkbox"/> Drawing(s) (35 U.S.C. 113)      Total Sheets <b>      </b>		8. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76
4. <input type="checkbox"/> Oath or Declaration      Total Pages <b>      </b> <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> Newly executed (original or copy)</li> <li>b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. §1.63(d))  <small>(for continuation/divisional with box 17 completed)</small> <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> DELETION OF INVENTOR(S)  <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §1.63(d)(2) and 1.33(b).</small></li> </ul> </li> </ul>		9. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of Attorney
5. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program ( <i>Appendix</i> )		10. <input type="checkbox"/> English Translation Document ( <i>if applicable</i> )
6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small> <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> Computer Readable Form (CRF)</li> <li>b. Specification or Sequence Listing on :           <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</li> <li>ii. <input type="checkbox"/> Paper</li> </ul> </li> <li>c. <input type="checkbox"/> Statements verifying identity of above copies</li> </ul>		11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP)		12. <input type="checkbox"/> Preliminary Amendment
		13. <input checked="" type="checkbox"/> White Advance Serial No. Postcard
		14. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small>
		15. <input type="checkbox"/> Applicant claims small entity status. <small>See 37 CFR 1.27</small>
		16. <input type="checkbox"/> Other:
Prior application information:      Examiner: _____		
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.		
<b>18. CORRESPONDENCE ADDRESS</b>		
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Docket No. 243214US0

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

INVENTOR(S) Toshio TSUJIMOTO, et al.

SERIAL NO: New Application

FILING DATE: Herewith

FOR: REINFORCING PROCESS OF SILICA GLASS SUBSTANCE AND REINFORCED SILICA GLASS CRUCIBLE

**FEE TRANSMITTAL**

COMMISSIONER FOR PATENTS  
ALEXANDRIA, VIRGINIA 22313

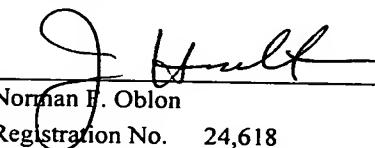
FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATIONS
TOTAL CLAIMS	15 - 20 =	0	x \$18 =	\$0.00
INDEPENDENT CLAIMS	4 - 3 =	1	x \$84 =	\$84.00
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS (If applicable)			+ \$280 =	\$0.00
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- Please charge Deposit Account No. 15-0030 in the amount of **\$0.00** A duplicate copy of this sheet is enclosed.
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Respectfully Submitted,

OBLON, SPIVAK, McCLELLAND,  
MAIER & NEUSTADT, P.C.

Date: 9-30-03

  
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